

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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| Stabilishment Address (number and street, city, state, ap code) 4317 Checkelone R1. Ihou Allowy, 10 47157 Owner Town C. Tower Owner's Address Covery C. Tower C. Covery C. Tower Covery C. | | | | | | | | | 4 | (mm/dd/yr) | | |
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| Purpose: | 4317 (| Sharke L | ma P | الاستار علم إلا | میدما Ad سم | , 20,00 code) | a | 507 524 \$10 | | 12/2014 | ادد- دا | |
| To Be Corrected By | Owner | | , 1 | - L-1 | - 1110-0 | <u>, </u> | <u> </u> | | | n n n | Inna Del | |
| Owner's Address Person in Charge 1.5-5. CNL1-3 Responsible Ferson's E-mail 6. HACCP 7. Other (list) 1. 2 3 x 4 5 CRITICAL TIEMS ARE DENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" **VIOLATIONIS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE RELOW AS "R" Section# CINC R Narrative To Be Corrected By No violation. Inspected by (name and title printed): Summary of Violations: CON R Nemu Type (See back of page) 1. 2 3 x 4 5 **Nemu Type (See back o | Toun C | · Tuck | ·(| | | | | | | 4 | | |
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| Responsible Person's E-mail Certified Food Manager S. Temporary 6. HACCP 7. Other (list) 1 2 3 X 4 5 Certified Food Manager Section# Color (2/20/21) **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" **VIOLATION(S) REPKATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" **Section# Color R **Nativative** To Be Corrected By **Nativative** To Be Corrected By **Control of the printed o | | | | | | | • | | Sumn | nary of Viola | tions; | |
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| Certified Food Manager Sten Ticker (n/to/p1) | | | | | | | | | Menu | | | |
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